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**Denton County Civil Department** 

1450 E. McKinney Street Ste 1107 Denton, TX 76209 940-349-2060

Phone Order (Card Keyed-In) Source: 6/8/2020 03:09 PM CDT **Order Date/Time:** 

Order Number: 109461043 Operator: DevaB \*\*\*\*\*\*\*862 **Location Code:** 

**Authorization:** Paid in Full \$2936.00 **Agency Amount:** Other Agency Amount: \$0.00

**Shipping Amount:** \$0.00 LN Service Fee: \$2.50 Total Amount(USD): \$2938.50

##/##

207600001

**Payment Information** 

**Transaction Type:** Purchase Card Holder: Al Williams

**Payment Method:** 

Credit Card (MASTERCARD \*\*\*\*\*\*\*\*\*8316)

**Approval Code: AVS Response:** 

291404

**Merchant Copy** 

**Agency Amount** Product \$2936.00 Bond

**Product Detail** 

**Expiration** 

Transaction Ref #:

**CVV2 Response:** 

Auth Txn Id #:

Val Code:

#### **Denton County Civil Department**

1450 E. McKinney Street, Ste 1107, Denton, TX 76209 940-349-2060

VitalChek Receipt - Phone Order (Card Keyed-In) Cardholder Copy

Order Date/Time: 6/8/2020 03:09 PM CDT Transaction Type: Purchase 109461043 **Approval Code:** 291404 **Confirmation Number:** Transaction Ref #: 207600001 Payment Applied towards: **Bond** Card Holder: Al Williams Payment Method: MC(8316)

Bill To

Al Williams Authorization: Paid in Full \$2936.00 Agency Amount: United States of America

\$0.00 Other Agency Amount: LN Service Fee: \$2.50 Total Amount(USD): \$2938.50

Refund Policy: Please contact the agency listed on the receipt to request a

Name: Al Williams | DOB: 11/17/1969

MRN: 743885 | PCP: Hiep Andrew Cao, MD



NOVEL CORONAVIRUS SARS-COV-2 2019 NAAT - Details

## **NOVEL CORONAVIRUS SARS-COV-2 2019 NAAT**

Results Critical

Status: Edited Result - FINAL (Collected: 11/5/2020 3:59 PM)

## **Detected/Positive Result**

You have tested positive for COVID-19. This means you will need to stay at home, and self-isolate. This guidance is based on the latest recommendations from the CDC and local health departments. You must avoid contact with others in your household, including pets.

### 1. IF you were tested because:

- You had/have COVID-19 symptoms AND
- You were very sick with COVID-19 OR
- You have other health conditions OR
- You have a weakened immune system

**THEN** you will need to call your doctor for advice. Your doctor can tell you how long you'll need to isolate yourself from others, including pets.

Call your doctor right away if your symptoms get worse. Call 911 if you have trouble breathing, persistent pain or pressure in your chest, new confusion, inability to wake up or stay awake, bluish lips or face, or are having another medical emergency.

While you are isolating at home, wear a mask and practice safe distancing. Wash your hands often with soap and water for at least 20 seconds or use alcohol-based hand sanitizer that is at least 60% alcohol if soap and water are not available. Be sure your housemates do the same. Clean items and surfaces that are touched often with an <u>EPA-approved disinfectant</u>. If you can, stay in a separate bedroom and use a separate bathroom.

## 2. IF you were tested because:

- You HAD/HAVE COVID-19 symptoms AND
- You WERE NOT very sick with COVID-19 AND
- You DO NOT have other health conditions AND

You DO NOT have a weakened immune system:

### **THEN** you will need to self-isolate in your home **UNTIL**:

- 10 days have passed since your first symptom(s) AND
- You are fever free for at least 24 hours AND
- You are not using any medication to reduce a fever AND
- Your symptoms have improved.

While you are isolating at home, wear a mask, and practice safe distancing. Wash your hands often with soap and water for at least 20 seconds or use alcohol-based hand sanitizer that is at least 60% alcohol if soap and water are not available. Be sure your housemates do the same. Clean items and surfaces that are touched often with an EPA-approved disinfectant. If you can, stay in a separate bedroom and use a separate bathroom.

Call your doctor right away if your symptoms get worse. Call 911 if you have trouble breathing, persistent pain or pressure in your chest, new confusion, inability to wake up or stay awake, bluish lips or face, or are having another medical emergency.

### 3. IF you were tested because:

- You DID NOT HAVE COVID-19 symptoms AND
- You WERE NOT very sick with COVID-19 AND
- You DO NOT have other health conditions AND
- You DO NOT have a weakened immune system:

### **THEN** You need to stay isolated until:

 10 days have passed since your first positive COVID-19 non-blood (molecular) test

While you are isolating at home, wear a mask and practice safe distancing. Wash your hands often with soap and water for at least 20 seconds or use alcohol-based hand sanitizer that is at least 60% alcohol if soap and water are not available. Be sure your housemates do the same. Clean items and surfaces that are touched often with an EPA-approved disinfectant. If you can, stay in a separate bedroom and use a separate bathroom.

Call your doctor right away if develop symptoms. Call 911 if you have trouble breathing, persistent pain or pressure in your chest, new confusion, inability to wake up or stay awake, bluish lips or face, or are having another medical emergency.

If you don't have a doctor, call our customer service team at 877-THR-WELL (847-9355). And remember, it's perfectly safe and very important to keep in touch with friends and family. You'll just need to do it by phone and video chat.

For more information, visit <u>TexasHealth.org</u> or the CDC website at <u>CDC.gov</u>

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This page was printed on Wednesday March 24, 2021 at 1:04:57 AM.

Case 4:21-cy-00154-SDJ-KPJ Document 22-1 Filed 03/24/21 Page 6 of 18 PageID #: 269 02-11-20 15:12 FROM- Stephens Funeral T-231 P0001/0002 F-382 RECEIVED Jeb 11, 2020

DENTON COUNTY, TX

2020 FEB 11 PM 3: 23

Is whom it May Goncern my Blusband A.L. William Yas my attorney and it is Still In In A. Wielcerns Opez-Alt: Maurice Williams

> CERTIFIED A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN MY OFFICE

redacted ID

## CROCKER RUSSELL & ASSOCIATES

Counsel that Cares

2401 Callender Road, Suite 103 P.O. Box 1671 Mansfield, Texas 76063 Phone: (817) 482-6570 Fax: (682) 232-1850 www.crockerrusselllaw.com

## **Receipt for Payment**

Name:	Al Williams
Date:	February 10, 2021
Amount:	\$1,260.00
Payment Method:	Cash
Check/Card Number: _	·
Approved Signature	g <u>al</u> 10/a1
Approved Signature	Date



	Trust Type	On Behalf Of	Taxpayer ID#	Balance
Invested	Cash Bond	Williams, Carolyn		0.00
	Cash Bond	Williams, Carolyn		0.00
			Invested Total	0.00
Uninvested	Cash Bond Cash Bond	Williams, Carolyn Williams, Carolyn		11216.83 2936.00
			Uninvested Total	14152.83
			Totals	14152.83

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Planty are Private Use, \$300

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Internal Revenue Service
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AL M WILLIAMS

3930 ACCENT DR APT 2411

DALLAS, TX 75287-7719

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Name: Al Williams | DOB: 11/17/1969

MRN: 743885 | PCP: Hiep Andrew Cao, MD



# Note From Your Admission on 03/08/21

# Discharge Summary by Mohammed A Alhezayen, MD at 03/12/21 1241 Discharge Summary

Name: Al Williams
MR#: 743885
Room #: A423/A42301
Admit Date: 3/8/2021

Date: 3/12/2021 12:41 DOB: 11/17/1969 Age/Sex: 51 y.o. male Admitting: Shay Mayya, MD

Acct #:

Discharge Date: 3/12/21

Physician: Mohammed A Alhezayen, MD

#### **Discharge Diagnosis:**

**Active Hospital Problems** 

Diagnosis

- \*Protrusion of lumbar intervertebral disc
- Acute right lumbar radiculopathy
- Diabetes mellitus (HCC)
- Essential hypertension, benign
- GERD (gastroesophageal reflux disease)
- High cholesterol

Resolved Hospital Problems

No resolved problems to display.

Procedures: None

O - - - - - - - - - - - - Ot - I- I

Discharge Condition: Stable

**Hospital Course:** Al Williams is a 51 y.o. male who was admitted to the hospital after he presented to the ED with severe low back pain that radiates to both legs. Neurosurgery was consulted. He was started on pain control, steroids, and supportive care. No surgical intervention was recommended. A second opinion was given and surgery was finally scheduled per the patient;s wishes. However, he changed his mind before the surgery today. He would like to go back to Pain management for ESI.

**Disposition:** He will be discharged today to home.

**Discharge Medications:** 

## **Current Discharge Medication List**

Inpatient Medications Prescribed Upon Discharge

Refills

Refills methylprednisoLONE 4 mg tablet Quantity: 21 Tab Commonly known as: Medrol (Pak) Refills: 0 Take as directed Resumed Home/PTA Medications Refills acetaminophen-codeine 300-30 mg tablet Quantity: 20 Tab Dose: 1 Tab Refills: 0 Commonly known as: Tylenol #3 Take 1 Tab by mouth every six(6) hours as needed for atorvastatin 80 mg tablet Refills: 0 Commonly known as: Lipitor **CINNAMON ORAL** Refills: 0 Dose: 1 Tab Take 1 Tab by mouth cloNIDine 0.1 mg tablet Refills: 0 Commonly known as: Catapres cyclobenzaprine 10 mg tablet Quantity: 20 Tab Dose: 10 mg Refills: 0 Commonly known as: Flexeril Take 1 Tab (10 mg total) by mouth three(3) times daily as needed for muscle spasms diazePAM 5 mg tablet Quantity: 15 Tab Dose: 5 mg Refills: 0 Commonly known as: Valium Take 1 Tab (5 mg total) by mouth three(3) times daily as needed for anxiety diazePAM 5 mg tablet Quantity: 15 Tab Dose: 5 mg Refills: 0 Commonly known as: Valium Take 1 Tab (5 mg total) by mouth three(3) times daily as needed for anxiety ergocalciferol 50,000 unit capsule Refills: 0 Commonly known as: Drisdol TAKE 1 CAPSULE BY MOUTH ONCE A WEEK ferrous sulfate EC 325 mg (65 mg iron) tablet Refills: 0 Dose: 325 mg Commonly known as: Feosol Take 325 mg by mouth every day fluticasone propionate 50 mcg/actuation spray Refills: 0 Commonly known as: Flonase gabapentin 300 mg capsule Refills: 0 Commonly known as: Neurontin hydrALAZINE 100 mg tablet Quantity: 90 Tab Dose: 100 mg Refills: 0 Commonly known as: Apresoline Take 1 Tab (100 mg total) by mouth three(3) times daily

Refills hydroCHLOROthiazide 50 mg tablet Refills: 0 Commonly known as: Hydrodiuril ibuprofen 400 mg tablet Refills: 0 Commonly known as: Motrin insulin glargine 100 unit/mL injection Refills: 0 Dose: 47 Units Commonly known as: Lantus Inject 47 Units subcutaneously every day In am insulin regular 100 unit/mL injection Refills: 0 Dose: 2-20 Units Inject 2-20 Units subcutaneously three(3) times daily before meals Medium sliding scale lisinopril 20 mg tablet Refills: 0 Commonly known as: Zestril lisinopril 40 mg tablet Refills: 0 Dose: 40 mg Commonly known as: Zestril Take 40 mg by mouth every day metFORMIN 1,000 mg tablet Refills: 0 Commonly known as: Glucophage Take by mouth with breakfast and supper methocarbamol 750 mg tablet Quantity: 60 Tab Dose: **750 mg** Refills: 0 Commonly known as: Robaxin-750 Take 1 Tab (750 mg total) by mouth every eight(8) hours as needed for muscle spasms metoprolol tartrate 25 mg tablet Quantity: 120 Tab Dose: 50 mg Refills: 0 Commonly known as: Lopressor Take 2 Tabs (50 mg total) by mouth two(2) times daily metoprolol tartrate 50 mg tablet Refills: 0 Commonly known as: Lopressor TAKE 1 TABLET BY MOUTH TWICE A DAY minocycline 100 mg capsule Quantity: 20 Cap Dose: 100 mg Refills: 0 Commonly known as: Dynacin Take 1 Cap (100 mg total) by mouth every 12 hours naproxen 500 mg tablet Quantity: 20 Tab Dose: 500 mg Refills: 0 Commonly known as: Naprosyn Take 1 Tab (500 mg total) by mouth every 12 hours as nortriptyline 25 mg capsule Quantity: 30 Cap Dose: 25 ma Refills: 0 Commonly known as: Pamelor Take 1 Cap (25 mg total) by mouth at bedtime omeprazole 40 mg capsule Refills: 0 Commonly known as: PriLOSEC TAKE 1 CAPSULE BY MOUTH DAILY

Refills OxyCONTIN 20 mg tablet Refills: 0 Generic drug: oxyCODONE CR TAKE 1 TABLET BY MOUTH TWICE A DAY Oxycodone 30 mg immediate release tablet Refills: 0 TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR SEVERE CHRONIC BACK PAIN simvastatin 40 mg tablet Refills: 0 Dose: 40 mg Commonly known as: Zocor Take 40 mg by mouth every day tamsulosin 0.4 mg capsule Quantity: 30 Cap Dose: 0.4 mg Refills: 0 Commonly known as: Flomax Take 1 Cap (0.4 mg total) by mouth every day tiZANidine 4 mg tablet Refills: 0 Commonly known as: Zanaflex valACYclovir 1 gram tablet Quantity: 5 Tab Dose: 1,000 mg Refills: 0 Commonly known as: Valtrex

**Discharge Instructions:** 

No discharge procedures on file.

Total time: 37 min

Mohammed A Alhezayen, MD 3/12/2021 12:41

Take 1 Tab (1,000 mg total) by mouth every day

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This page was printed on Wednesday March 24, 2021 at 12:53:03 AM.

#### IN THE DISTRICT COURT OF DALLAS COUNTY

#### DC19-17458

#### **DECLARATION AL M WILLIAMS**

- 1. My name is Al M Williams. I am plaintiff in this lawsuit.
- 2. On or about November 6, 2020 I informed Ladera that the roof of the garage of apartment 2411 was leaking, water damage, and mold damages and informed Ladera that a new claim for damages would be filed.
- 3. Immediately thereafter, Ladera filed an untimely motion to dismiss and an emergency motion seeking Court Intervention allowing Ladera to probe and enter the family's rented home. Ladera also sought to force a public meetings between the family, its staff, and its designee. These requests, if granted, invade our privacy, disturb quiet enjoyment, and expose my family to COVID19. These requests are not essential needs.
- 4. I am extremely vulnerable to COVID19 and at high risk of fatality from exposure to COVID19.
- 5. On or about November 17, 2020 I was exposed to COVID 19, contracted COVID19, and was hospitalized twice for serious complications as result of my exposure to COVID19.
- Ladera's requests for unnecessary exposure to COVID19 scares me and is lifethreatening. I have suffered physical trauma, stress, and much mental anguish as result of these pleading.
- 7. Ladera's requests for unnecessary exposure to COVID19 falls far below the threshold of an "essential need".

- 8. The death toll due COVID19 has surged to new heights. Today our nation is at war with COVID19. Today Texas posted a record 15,182 new coronavirus cases; Dallas County adds 1,179 new cases and 8 deaths.
  - ! I hereby certify under penalty of perjury that the foregoing is true and correct.

Al M Williams

Respectfully submitted,

3930 Accent DR, 2411 Dallas, TX 75287 alwms870@gmail.com

Date: 12/09/2020

96,80

97.60

450

92.70

700

두

0074551010

44 17

 $\Box$ 

เบเากา

4412-HELENA Facility:

Dialyzer: 180NRe Optiflux

152/99

Averages

147/92

153/100

150/98

Patient (Last Name Suffix, First Name MI): WILLIAMS, CAROLYN A DOB:03/09/1961 MRN: 5000067629

Est. Dry Wt: 100.50 Kg Target HGB: Target HGB 10.0 - 11.0 g/dL No. of Hours: 3:45

3.20

Last HGB: 9.5

103.40

100.80

Prescription Order As Of: 10/05/2020 Treatment Time Time BP Sit BP Stand Weight Weight Change **BFR** BVP Temperature DFR Act. Hrs Date Off On Pre Post Pre Post Pre Post Pre Post Pre Post 12/09/2020 152/99 147/92 153/100 150/98 103.40 100.80 3.20 (2.60)96.80 97.60 450 93.00 700 07:20 11:07 03:47

-2.60

03:47

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FIRST CLASS MAIL



& Community Affairs P.O. BOX 13941 Austin, TX 78711-3941

# ¿Está atrasado con la renta?

## El Programa de Asistencia para el Pago de Rentas está para ayudarles.

El COVID-19 ha afectado a personas en todo el Estado de Texas. Tenemos fondos de emergencia disponibles para ayudar a los habitantes de Texas a pagar su renta y las facturas de sus servicios públicos (incluyendo rentas y servicios públicos vencidos).

Tanto los inquilinos como los propietarios pueden aplicar – inclusive si el propietario ya ha iniciado un proceso legal de desalojo en la corte local.

Las familias deben tener ingresos del 80% o menos del Ingreso Medio del Área (AMI. por sus siglas en inglés), y cumplir con otros requisitos de elegibilidad. Para obtener información detallada, visite TexasRentRelief.com.

Se aceptan aplicaciones a partir del 15 de febrero a las 8 a.m. CST



COREY MALOY 3930 ACCENT DR APT 2411 DALLAS, TX 75287-7719

> 5348 T9 P1

#### ¿Qué costos cubre el programa?

El Programa de Asistencia para el Pago de Rentas de Texas puede ayudar a los inquilinos con los siguientes costos hechos a partir del 13 de marzo del 2020:

- Pagos vencidos, actuales, y hasta tres meses futuros de costos por renta
- Pagos vencidos, actuales, y hasta tres meses futuros de costos por servicios públicos y de energía para el hogar
- Después de los primeros tres meses de ayuda por adelantado, usted puede solicitar tres meses adicionales de ayuda si aún hay fondos disponibles

Para obtener información y para aplicar

TexasRentRelief.com Hay ayuda disponible en varios idiomas.





El Programa de Asistencia para el Pago de Rentas es administrado por el Departamento de Vivienda y Asuntos Comunitarios de Texas.

Proporcionar información falsa, incompleta o inexacta en los formularios de aplicación o solicitar asistencia para los meses en que la asistencia ya ha sido o será proveída puede resultar en hasta 5 años de prísión y multas de hasta \$10,000 por cada ocurrencia. I Otras limitaciones del programa y reguisitos de elegibilidad aplican; no todas las famílias pueden ser elegibles. Para obtener más detalles, consulte la página de internet TexasRentRelief.com. | Los fondos pueden no estar disponibles en el momento en que una familia aplique.

# LANDLORDS & RENTERS

# Behind on rent?

# The Texas Rent Relief Program is here to help.

COVID-19 has affected Texans across the state. We have emergency funds available to help Texas renters pay current and past due rent and utility bills.

Both landlords and tenants can apply – even if the landlord has already sued for eviction in their local court.

Households must have incomes at or below 80% of the Area Median Income and meet other eligibility requirements. For full details, visit TexasRentRelief.com.

# Accepting applications beginning February 15th at 8 a.m. CST





 $Texas\ Coronavirus\ Relief\ Bill\ Rental\ Assistance\ Program\ administered\ by\ the\ Texas\ Depar!ment\ of\ Housing\ and\ Community\ Affairs.$ 

Providing false, incomplete, or inaccurate information on application forms or seeking assistance for months in which assistance has been or will be provided, may result in up to 5 years of imprisonment and for each occurrence a fine of up to \$10,000. | Other program limitations and eligibility requirements apply, not all households may be eligible. See TexasRentRelief.ccm for details. | Funds may no longer be available by the time a household applies.



#### What costs does the program cover?

The Texas Rent Relief Program can help renters with the following costs starting as far back as March 13, 2020:

- Past due, current and up to 3 months of expected rent costs
- Past due, current and up to 3 months of expected utility and home energy expenses
- After the initial 3 months of forward assistance, you can apply for 3 additional months of assistance if funds are still available

For Information and to Apply

833-9TX-RENT

TexasRentRelief.com

Assistance is available in multiple languages.